

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

APPLICANT'S

CLASS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			1*		2*		3*	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		2					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14	1	1					64						
15		1					65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND	1						TOTAL IND						
TOTAL DEP	16						TOTAL DEP						
TOTAL CLAIMS	17						TOTAL CLAIMS						

* MAY BE USED FOR 400 TOTAL CLAIMS OR AMENDMENTS